

EXHIBIT B

INSTRUCTIONS

Before you fill out the Change of Address Form (Form PS 3575)

Print the City, State and ZIP Code of your old address in the proper space on the other side of the form. Then, complete items 1 through 10. Remember to sign this form in item 9.

1 Who's moving?

- If it's just you, check the **INDIVIDUAL** box.
- If it's some members of your family with the same last name and others are staying, fill out a **separate form for each mover and check the INDIVIDUAL** box.
- If it's some members of your family with different last names and others are staying, fill out a **separate form for each mover and check the INDIVIDUAL** box.
- If it's everyone in your family with the same last name, just fill out one card and check the **ENTIRE FAMILY** box.
- If it's your business, check the **BUSINESS** box.

2 When should we begin forwarding mail?

Fill in the date you want us to begin forwarding your mail to your new address.

3 Is this a temporary move?

Check YES if you plan to return to your old address **within 12 months**. Otherwise, check NO.

4 Move return date

For a temporary move, indicate the date when you want to **stop forwarding** mail to the **TEMPORARY** address. If this date should change, be sure to notify the post office that serves your **OLD ADDRESS** when to stop forwarding your mail.

5 Last name of mover

- Fill in **only one** LAST NAME.
- If **anyone** with the **same** last name is moving to a different address, use a **separate** form for each person.
- For a **BUSINESS** move, print the name of the business. If more space is needed, carry over information to item 6. Each business must file a separate form.

6 First name of mover

- If you checked **INDIVIDUAL**, then give us your **FIRST NAME**.
- If you checked **ENTIRE FAMILY**, print the first name of the head of the household and any commonly used middle names or initials.
- For a business, leave this blank.

7 Old address

Print your **complete OLD ADDRESS**, including an **APARTMENT NUMBER**. The abbreviation "RR/HCR No." stands for Rural Route/Highway Contract Route Number. If this applies to your old address, give us your RR/HCR No. as well as your Box Number.

8 New address

Print your **complete NEW ADDRESS**. Include an **APARTMENT**, **PO Box No.** or **RR/HCR**

No. and your Box No., if appropriate. If you're forwarding your mail to a Private Mail Box (PMB) at a Commercial Mail Receiving Agency (CMRA), enter the complete CMRA address in 8b. Also check the box labeled "PMB No." and enter your personal PMB No.

9 Signature

To make this change of address valid, **we need your signature**.

10 Date

Fill in the date you signed this form. Be sure to read the "Note" and "Privacy Act" statements on the reverse side of the Change of Address Form. Your new permanent address will be provided to individuals and companies who request it. This will only occur when the requester is already in possession of your name and old mailing address.



OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS FORM									
U.S. Postal Service CHANGE OF ADDRESS ORDER				Instructions: Complete Items 1 thru 10. You must SIGN item 9. Please PRINT all other items including address on face of card.				OFFICIAL USE ONLY	
1. Change of Address for: (See instruction #1 above) <input type="checkbox"/> Individual <input type="checkbox"/> Entire Family <input type="checkbox"/> Business				2. Start Date: Month Day Year				Zone/Route ID No.	
3. Is This Move Temporary? (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes, Fill in				4. If TEMPORARY move, print date to discontinue forwarding: Month Day Year				Date Entered on Form 3582 M M D D Y Y	
5. Print Last Name (include Jr., Sr., etc.) or Name of Business (If more than one, use separate form for each).									
6. Print First Name (or Initial) and Middle Name (or Initial). Leave blank if for a business.									
7a. For Puerto Rico Only: If OLD mailing address is in Puerto Rico, print urbanization name, if appropriate.									
7b. Print OLD mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).									
Apt./Suite No.		or		PO Box No.		or <input type="checkbox"/> RR/ <input type="checkbox"/> HCR (Check one)		RR/HCR Box No.	
City		State		ZIP Code		ZIP+4		Expiration Date M M D D Y Y	
8a. For Puerto Rico Only: If NEW mailing address is in Puerto Rico, print urbanization name, if appropriate.									
8b. Print NEW mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).									
Apt./Suite No.		or		<input type="checkbox"/> PO Box No. / <input type="checkbox"/> PMB No. (Check one)		or <input type="checkbox"/> RR/ <input type="checkbox"/> HCR		<input type="checkbox"/> PMB No. / <input type="checkbox"/> RR/HCR Box No.	
City		State		ZIP Code		ZIP+4		Clark/Carrier Endorsement	
9. Sign and Print Name (see conditions on reverse) Sign: _____ Print: _____				10. Date Signed: Month Day Year				OFFICIAL USE ONLY Verification Endorsement	

